



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |    |                        |                    |
|--|----|------------------------|--------------------|
|  |    | Application No.        | 10/645,437         |
|  |    | Filing Date            | August 20, 2003    |
|  |    | First Named Inventor   | F. Kobayashi       |
|  |    | Art Unit               | 2822               |
|  |    | Examiner Name          | Novacek, Christy L |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 96790P197D3        |

## ENCLOSURES (check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> PTO/SB/08<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div>return postcard</div> |
| Remarks   |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Eric S. Hyman, Reg. No. 30,139<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature               |  |
| Date                    | 1/14/05  |

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|                       |                  |      |         |
|-----------------------|------------------|------|---------|
| Typed or printed name | Kumiko Alexander |      |         |
| Signature             |                  | Date | 1/14/05 |



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

## Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/645,437         |
| Filing Date          | August 20, 2003    |
| First Named Inventor | F. Kobayashi       |
| Examiner Name        | Novacek, Christy L |
| Art Unit             | 2822               |
| Attorney Docket No.  | 96790PI97D3        |

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

|                       |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
|-----------------------|------------------------------------|-----------------|------------------|-------------------|------------------------------------|----------|---|---|--------|---|---|--------|
|                       |                                    | Extra<br>Claims |                  | Fee from<br>below |                                    | Fee Paid |   |   |        |   |   |        |
| Total Claims          | <table><tr><td>2</td></tr></table> | 2               | 20 <sup>th</sup> | =                 | <table><tr><td>0</td></tr></table> | 0        | x | <table><tr><td>50.00</td></tr></table>  | 50.00  | = | <table><tr><td>\$0.00</td></tr></table> | \$0.00 |
| 2                     |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| 0                     |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| 50.00                 |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| \$0.00                |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| Independent<br>Claims | <table><tr><td>1</td></tr></table> | 1               | 3 <sup>rd</sup>  | =                 | <table><tr><td>0</td></tr></table> | 0        | x | <table><tr><td>200.00</td></tr></table> | 200.00 | = | <table><tr><td>\$0.00</td></tr></table> | \$0.00 |
| 1                     |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| 0                     |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| 200.00                |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| \$0.00                |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
| Multiple Dependent    |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |
|                       |                                    |                 |                  |                   |                                    |          |   |   |        |   |   |        |

| Large Entity | Small Entity |          |          |
|--------------|--------------|----------|----------|
| Fee Code     | Fee (\$)     | Fee Code | Fee (\$) |
| 1202         | 50           | 2202     | 25       |
| 1201         | 200          | 2201     | 100      |
| 1203         | 360          | 2203     | 180      |
| 1204         | 300          | 2204     | 150      |
| 1205         | 300          | 2205     | 150      |

| Fee Description   |
|---|
| Claims in excess of 20                                    |
| Independent claims in excess of 3                         |
| Multiple Dependent claim, if not paid                     |
| **Reissue independent claims over original patent         |
| **Reissue claims in excess of 20 and over original patent |

|              |      |      |
|--------------|------|------|
| SUBTOTAL (1) | (\$) | 0.00 |
|--------------|------|------|

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

| Large Entity              |          | Small Entity |          | Fee Description  | Fee Paid |
|---------------------------|----------|--------------|----------|--|----------|
| Fee Code                  | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1051                      | 130      | 2051         | 65       | Surcharge - late filing fee or oath                              |          |
| 1052                      | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.          |          |
| 2053                      | 130      | 2053         | 130      | Non-English specification  |          |
| 1251                      | 120      | 2251         | 60       | Extension for reply within first month                           |          |
| 1252                      | 450      | 2252         | 225      | Extension for reply within second month                          |          |
| 1253                      | 1,020    | 2253         | 510      | Extension for reply within third month                           |          |
| 1254                      | 1,590    | 2254         | 795      | Extension for reply within fourth month                          |          |
| 1255                      | 2,160    | 2255         | 1,080    | Extension for reply within fifth month                           |          |
| 1401                      | 500      | 2401         | 250      | Notice of Appeal   |          |
| 1402                      | 500      | 2402         | 250      | Filing a brief in support of an appeal                           |          |
| 1403                      | 1,000    | 2403         | 500      | Request for oral hearing   |          |
| 1451                      | 1,510    | 2451         | 1,510    | Petition to institute a public use proceeding                    |          |
| 1460                      | 130      | 2460         | 130      | Petitions to the Commissioner                                    |          |
| 1807                      | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(q)                              |          |
| 1806                      | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                        |          |
| 1809                      | 790      | 1809         | 395      | Filing a submission after final rejection (37 CFR § 1.129(a))    |          |
| 1810                      | 790      | 2810         | 395      | For each additional invention to be examined (37 CFR § 1.129(b)) |          |
| Other fee (specify) _____ |          |              |          |  |          |
| SUBTOTAL (2)              |          |              |          |  | (\$)     |

(\$)

## SUBMITTED BY

Name (Print/Type) Eric S. Hyman

Registration No.  
(Attorney/Agent)

30,139

Telephone

(310) 207-3800

Signature

Date

01/14/05



ITW

Docket No.: 96790.P197D3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Fumihiko Kobayashi

Application No.: 10/645,437

Filed: August 20, 2003

For: OPTICAL SEMICONDUCTOR DEVICE  
AND METHOD OF FABRICATING  
THE SAME

Art Group: 2822

Examiner: Christy L. Novacek

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated October 20, 2004, Applicant submits the following amendments and remarks: